

RECEIVED

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S.D. SEC. OF STATE

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

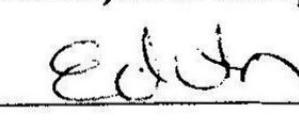
1. TITLE OF NEWSPAPER		2. DATE	
<i>Doland Times Record</i>		<i>3/1/16</i>	
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>301 in S.D. 35/ox.</i>	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>165 2nd Street (Spink) Conde SD 57434</i>			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>165 2nd Street Conde SD 57434</i>			
6. FULL NAME OF PUBLISHER: <i>Tina Sanderson</i>			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		COMPLETE MAILING ADDRESS	
<i>Tina Sanderson</i>		<i>165 2nd Street Conde SD 57434</i>	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) —			
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)	<i>500</i>	<i>500</i>	
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	<i>—</i>	<i>—</i>	
2. Mail Subscription (Paid and or requested)	<i>456</i>	<i>477</i>	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<i>456</i>	<i>477</i>	
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS	<i>—</i>	<i>—</i>	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<i>—</i>	<i>—</i>	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<i>456</i>	<i>477</i>	
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing	<i>44</i>	<i>23</i>	
2. Return from News Agents	<i>—</i>	<i>—</i>	
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	<i>500</i>	<i>500</i>	

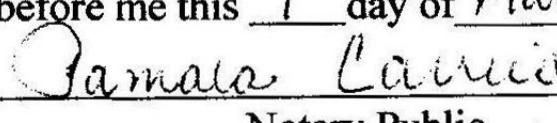
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:


  
(Signature)

 State of South Dakota )  
 County of *Spink* )  
 (Seal)


  
(Title)

 Sworn to before me this 1 day of March, 2016  
  
 Notary Public  
 My commission expires: 1-31-2018